from place to place. At present it is located in a house which is situated in a strip of land bounded on the west by the sea and on the east by dirty canals. There is not a single building excepting this house which belongs to a Sait who refuses even to make the necessary repairs. The Government will have to find a suitable place. I don't think that the present location is a happy one. There are people from Kumbalangi who say that the dispensary should be shifted to that place. But people from the South say that it should be retained there. But ere long the Government will come to a decision and when other institutions have been completed it will also be taken up. The land acquisition for the Pazhayannur dispensary is over. I am sure that in the course of the next few years the medical institutions in the State will improve still further and I shall, during my retirement, be glad to note that all the work that has been carried on here is being appreciated by the suffering public of Cochin. There is no other place where medical aid can be got so cheaply and so efficiently as in Cochin today.

Cut Motion No. 1.

Abolishing the practice of taking money from patients by the hospital staff.

Mr. V. J. Mathai *(Planters):* Sir, I rise to move *to reduce the allotment of Rs. 35,328 for Hospitals, Salaries, by Re. 1—to discuss the necessity for abolishing the practice of taking money from patients in the hospitals by the hospital staff.* My point is this. Any patient who goes either as an out-patient or as an in-patient to any hospital in the State should not have to pay even a single pie to the staff or to the doctors in the hospital. I have nothing to do with those patients who get treatment outside the hospitals. For this service they ought to be amply paid and I don't stand in the way. I know that it is a matter of *mamool* to receive money from patients. I may say this: if money is given, a sort of preferential treatment is given. I had the good luck or ill luck to be in the hospital for about 60 days. Even otherwise I know that money is being taken by the lower staff, wardboys, the peons at the gates, the nurses and by all those one comes across in the hospital. For all services rendered some money is expected. The only exemption is the Head of the Department and possibly one or two Civil Surgeons. I may submit before this House that I am not actuated by any motive. The only object is to see that poor patients get equal treatment. With these few words I submit my motion to the acceptance of this House.

Mr. E. Ikkanda Warriar *(Cheruthuruthi):* I support this motion. I do not propose to make a long speech. But I wish to say that every word that the hon'ble member said is true with

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respect to some of the hospitals about which I have tried to get some information first hand.

Dr. D. Raghavendra Rao *(Chief Medical Officer):* Sir, I don't wish to hide under conventions and I wish to be frank. After all, the complaint, thank God, is not against me. It is against the lower ranks which are getting Rs. 10 or Rs. 15. This complaint came here last time and I addressed the hon'ble members who brought the complaint to give me one specific instance and I regret to mention before this House that not one of them was able to give me a specific instance. Unless I get a specific instance I could not bring to book anyone. The hon'ble member mentioned about his own experience in the hospital. He should not have offered money. It is a sort of devil tempting the poor man who is getting a poor salary.

Mr. President : Then the hon'ble member is a devil? (*Laughter*).

Dr. D. Raghavendra Rao *(Chief Medical Officer):* If only the patients denied to offer the same, the temptation would cease. The whole trouble is these people come and say "ഡോ നല്ലവണ്ണം ഒഷ്ടിപ്പെടുത്തോളണം". Is there a single man who has not stood face to face with the medical man or anybody in the hospital and said "ഒന്നു നല്ലവണ്ണം ഒഷ്ടിപ്പെടുത്തോളണേ" and with that goes a little bit of money. This is a complaint not only here but everywhere. Human mentality being what it is, it is bound to be the same. Any professional man when he gets more income, perhaps may not show as much interest where the payment is less. It ought not to be so with the medical man who is receiving pay from the Government, I admit. But human nature is a thing which cannot be changed. I do not think that the medical men at present are demanding anything. I do know that there are instances in the case of the lower ranks. It will be like a hypopotamus hiding its own face if I deny it. As time goes on and as education increases an adjustment is bound to take place before long. It is not so bad today as it was 25 years ago. If anybody has got any specific instance it is his duty in the interests of everybody to bring it to the notice of the persons concerned. When I asked them for a specific instance they were not in a position to give me any.

Mr. M. K. Devassy *(Adur):* Sir, I am very happy to note that the Chief Medical Officer has frankly admitted the existence of this mal-practice in the hospitals. One has no complaint against a doctor receiving some money from one patient if it is voluntarily offered to him. But the complaint arises when from that practice neglect of other patients arises. The real trouble in the hospital is that there is a class of patients who are ready and who will be in a position to pay the doctor. There is the other class of patients who cannot pay.

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We wish to inform the Hon'ble Member for Medicine that there are many technical and legal difficulties in our presenting a case before him and pushing it through. This House is intended to bring those complaints to his notice so that they may be rectified. There is no use of writing to any particular hon'ble member of this House, seeking for information and seeking for particulars and foisting upon him the responsibility of substantiating these cases. As you have already admitted, these cases exist. I believe, it is the solemn duty of the Head of the Department to see that the evil is eradicated as early as possible.

Mr. V. J. Mathai *(Planters):* Sir, I am very glad that the Hon'ble Member for Medicine admitted that there are such practices. But my case is that the Devil is the one who takes the money and not the one who pays. Nobody is keen about parting with his own money. It is not on account of the compulsion, but because, as the hon'ble member for Adur said, it is on account of the preference shown to the man who pays.

Secondly, I am sorry to note the hon'ble member contradicting himself. He said that no specific instance has been brought to his notice and later on he remarked that there are instances. If there are instances then why should we bring instances to his notice? That is an apparent contradiction and I rely upon that contradiction to say that there are instances. Then what is the fun of challenging us to bring specific instances to the notice of the authorities? What will be the meaning of our Police Commissioner asking us to bring specific instances if we say that crimes are committed? I would say that if he will give me the command of the whole Police Force, the detective force and the Criminal Investigation Department I shall bring hundreds of instances. If I have got all the resources of the C. M. O., I shall bring instances. The Chief Medical Officer and the Civil Surgeons are probably exempt. The patients who are really affected are those poor people who cannot give anything at all. We must pay to get into the hospital, to get some kindness from the wardboy and even from higher quarters.

As for the final eradication of this evil, the existence of which has been accepted now both by the official and non-official sides, my suggestion is this: Wherever they are detected, the culprits should be given deterrent punishment. That is the only possibility of eradicating this evil.

Dr. D. Raghavendra Rao *(Chief Medical Officer):* I may assure the hon'ble member that that is being done now.

Mr. V. J. Mathai *(Planters):* An effort in this direction should be made in the first instance by the issue of circulars to every member of the staff. Secondly, if any hesitation is shown in the observance of the provisions of the circular, strict punishment should be meted out immediately.

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Dr. D. Raghavendra Rao *(Chief Medical Officer):* That is also being done.

Mr. V. J. Mathai *(Planters):* I know some other hospitals where this is strictly followed. My brother is a doctor outside India and I know from him that they follow this rule strictly. No patient has to pay a single pie and the system is so perfect that the question of payment does not arise at all. Government Doctors are not also allowed private practice. Men who are in the regular cadre and who receive salary from the Government are not allowed to take a single pie from the public. Once detected, they are immediately sent out. In these circumstances, I bring to the notice of the House that this is really an existing evil. I do not know what is the sense of the House, whether I should press it or not. Anyhow I don't want to trouble the Government with the loss of a rupee and in the face of the assurance given by the Hon'ble Member for Medicine, I beg leave of the House to withdraw my motion.

The motion was, by leave, withdrawn.

Mr. President: Nos. 22 and 28 are similar motions.

Cut Motion No. 2.

Restricting private practice of paid Government Doctors.

Mr. C. V. Iyyu *(Kunnamkulam):* Sir, I move *to reduce the allotment of Rs. 4,94,902, for Medical, by Rs. 3. The object of my motion is to draw the attention of the Government to the recent order of the Government of Madras restricting free private practice of paid Government doctors for introducing the same system here.* In the beginning I will read a portion of the Press Communique issued by the Government of Madras regarding Government doctor and private practice. I think it will be very useful for the consideration of the House. I am not any way going to read the whole of the Press Communique and the appendix attached to it. Yet, I will read a portion of it.

"The following Press Communique has been issued by the Ministry of Public Information:—

The question of abolishing or restricting the concession of private practice allowed to whole-time medical officers belonging to the Madras Medical Service and the Madras Medical Subordinate Service has been under consideration of the Government for some time past. Government medical officers were allowed to engage in private practice in the past owing to the absence of a sufficient number of qualified private medical practitioners. With the growth of an independent medical profession in recent years, the condition has ceased to exist. Further, under the scheme for the re-organisaton of the medical services, honorary medical officers will replace full-time paid medical officers as and when vacancies arise in the provincial and Subordintae cadres of medical officers and in order to encourage

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